MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042047 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10690

FILED NOV 7 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	223		1
4	1		
5	0		
7	0		
8	1		
12	74-0		
13	74		

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
   a. COUNTY
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Length of stay in 1b
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St John's Hosp — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Mo — b. COUNTY
   c. CITY OR TOWN: St Louis — Inside Limits Yes ☐ No ☐
   d. STREET ADDRESS (If outside, give location): 2018 Geyer — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First BERNICE — Middle ANN — Last SITTINGDOWN

4. DATE OF DEATH: Month Oct — Day 26 — Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10/24/1963

9. AGE (last birthday): IF UNDER 1 YEAR Months — Days 2 — IF UNDER 24 HR Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (City and state or country): St Louis Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Steve Sittingdown

13b. MOTHER'S MAIDEN NAME: Mary Ann Sarkis

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.: No

17. INFORMANT: Steve Sittingdown — Address: 2018 Geyer

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hyaline membrane disease	3 days
DUE TO (b)	Prematurity	3 days
DUE TO (c)	773.5	

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 10/24/63 to 10/26/63 and last saw her him alive on 10/26/63

Death occurred at 11:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jackson Eft M.D.

22b. ADDRESS: 6500 Chippewa 9

22c. DATE SIGNED: 10/28/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Oct 29 1963

23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cem

23d. LOCATION (City, town, or county) (State): St Louis Co. Mo

24. FUNERAL DIRECTOR: Thomas Kutis — ADDRESS: 2906 Gravois

25. DATE RECD. BY LOCAL REG.: OCT 28 1963

26. REGISTRAR'S SIGNATURE: Hoard Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

No Ebg
6500 Chippewa
FL 3-3233
after 11 A.M Mon

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me,

or by ____________________, Student Embalmer No.________

working under my personal supervision.

Student____________________ Signed H. A. Hanna
Signature of Student Embalmer

Licensed Embalmer No.________

P. O. Address________

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.